

Case No. *GV21001056*AFFIDAVIT FOR SERVICE OF PROCESS ON THE
SECRETARY OF THE COMMONWEALTH

Commonwealth of Virginia Va. Code §§ 8.01-301, -329; 55-218.1; 57-51

York General

District Court

*Bozeman George**107 Sudbury Way #E
Yorktown, VA 23693**Boston Mutual Life Ins.**300 South Boroough Drive #200
South Portland, ME 04106-6911*

TO THE PERSON PREPARING THIS AFFIDAVIT: You must comply with the appropriate requirements listed on the back of this form.

Attachments: Warrant Motion for Judgment

I, the undersigned Affiant, state under oath that:

 the above-named defendant *Boston Mutual Life Ins.*whose last known address is: same as above *300 South Boroough Drive Suite 200
South Portland, ME 04106-6911*

- is a non-resident of the Commonwealth of Virginia or a foreign corporation and Virginia Code § 8.01-328.1(A) applies (see NON-RESIDENCE GROUNDS REQUIREMENT on reverse).
- is a person whom the party seeking service, after exercising due diligence, has been unable to locate (see DUE DILIGENCE REQUIREMENT on reverse) and that

8-31-2021

is the return date on the attached warrant, motion for judgment or notice (see TIMELY SERVICE REQUIREMENT on reverse).

@ 1:00pm

DATE

 PARTY PARTY'S ATTORNEY PARTY'S AGENTState of City County of

Acknowledged, subscribed and sworn to before me this day of 20

NOTARY REGISTRATION NUMBER

 CLERK MAGISTRATE NOTARY PUBLIC (My commission expires Verification by the clerk of the court of the date of filing of the certificate of compliance requested. A self-addressed stamped envelope was provided to the clerk at the time of filing of this Affidavit.

NOTICE TO THE RECIPIENT from the Office of the Executive Secretary of the Commonwealth of Virginia:

You are being served with this notice and attached pleadings under Section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process. The Secretary of the Commonwealth's ONLY responsibility is to mail, by certified mail, return receipt requested, the enclosed papers to you. If you have any questions concerning these documents, you may wish to seek advice from a lawyer.

SERVICE OF PROCESS IS EFFECTIVE ON THE DATE WHEN SERVICE IS MADE ON THE SECRETARY OF THE COMMONWEALTH.

CERTIFICATE OF COMPLIANCE

I, the undersigned, Clerk in the Office of the Secretary of the Commonwealth, hereby certify the following:

- On , legal service in the above-styled case was made upon the Secretary of the Commonwealth, as statutory agent for persons to be served in accordance with Section 8.01-329 of the Code of Virginia, as amended.
- On , papers described in the Affidavit and a copy of this Affidavit were forwarded by certified mail, return receipt requested, to the party designated to be served with process in the Affidavit.

SERVICE OF PROCESS CLERK, DESIGNATED BY THE AUTHORITY OF THE
SECRETARY OF THE COMMONWEALTH

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

CITY OR COUNTY York

General District Court
STREET ADDRESS OF COURT

300 Ballard Street, Yorktown, VA 23690

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on 11 August 31, 2021 to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

11 August 31, 2021

DATE ISSUED

S/ [REDACTED] CLERK [] DEPUTY CLERK [] MEDIATOR

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of \$ 2,400, net of any credits, with interest at 10 % from date of 11 August 2021 until paid, \$ 0 costs and \$ 0 attorney's fees with the basis of this claim being Open Account [] Contract [] Note [] Other (EXPLAIN) Falsifying information base on my income to the State of Virginia, else Falsifying information to the IRS

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT
DATE 11 July 2021**CASE DISPOSITION**

JUDGMENT against [] named Defendant(s) [] for \$ net of any credits, with interest at % from date of until paid, \$ costs and \$ attorney's fees [] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

CASE NO. GVA 100100500
PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
BZERKOWSKI, GEORGE
107 Sudbury Way # E
Yorktown, VA 23693

Case 4:21-cv-00105 Document 1-1 Filed 08-31-21 Page 1 of 10 pm

Document 1-1

TIME
8 - 3:30 PM
1:00 PM

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DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
Boston Mutual LifeDEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
300 Southborough Drive # 200
South Portland, ME 04106
877-254-0085**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgement may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

CLERK

DATE
98/26/21JUDGMENT PAID
SATISFIED PURSUANT
TO ATTACHED NOTICE
OF SATISFACTION

ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

JUDGE

DATE

FORM DC-412 (FRONT) REVISED 10/18 (A191842 11/18)

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	ADDRESS	<input type="checkbox"/> PERSONAL SERVICE Tel. No.		<input type="checkbox"/> PERSONAL SERVICE Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:				
<p><input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.</p>				
<p><input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)</p>				
<p><input type="checkbox"/> Served on Secretary of the Commonwealth</p>				
<p><input type="checkbox"/> NOT FOUND</p>				
<p>SERVING OFFICER _____ for _____ DATE _____</p>				

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (C) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

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<p><input type="checkbox"/> Served on Secretary of the Commonwealth</p>				
<p><input type="checkbox"/> NOT FOUND</p>				
<p>SERVING OFFICER _____ for _____ DATE _____</p>				

<p>I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on _____</p>				
<p><input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent</p>				
DATE _____				
<p>Fi. Fa. issued on _____ Interrogatories issued on _____ Garnishment issued on _____</p>				